

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/555708

FILING DATE

15 SEP 2006

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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40			1			
41			1			
42			1			
43			1			
44			1			
45			0			
46			0			
47			1			
48			1			
49			1			
50			1			
TOTAL IND.	↓		3	↓		↓
TOTAL DEP.	←		11	←		←
TOTAL CLAIMS			14			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.	↓			↓		↓
TOTAL DEP.	←			←		←
TOTAL CLAIMS						